



State of Illinois

ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

217/785-8604

September 30, 1993

USEPA -- Region 5
Information Management Section
Attn: Sharon Kiddon HRM-7J
77 West Jackson Boulevard
Chicago, Illinois 60604--3590

NOV 12 1993
RECEIVED
WMD RCRA
RECORD CENTER

Dear Ms. Kiddon:

I am submitting the following name changes for entry into RCRIS. This information was obtained during RCRA inspections conducted by IEPA during the second half of FY 1993.

EPA ID#
ILD093169662 CHANGE NAME FROM: Regensteiner Printing
TO: Machinery Components, Inc.

ILD084317452 CHANGE NAME FROM: Hopkins Ag Chem Co & DBA
Cole
TO: HACO, Inc

ILD005144316 CHANGE NAME FROM: Keystone Group Chicago Plant
TO: Chicago Steel and Wire

ILD056640600 CHANGE NAME FROM: The Standard Company
TO: Std. Rewashed Wipers

Please contact me when these changes have been made in RCRIS.
If you have any questions concerning the above information.

Sincerely,

Jan Hopper
Jan Hopper
Environmental Specialist
Field Operations Section
Division of Land Pollution Control

JEH:JEH

Enc.

*Change per Sharon
Kiddon*

RECEIVED
OCT 5 1993

OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA, REGION V

RECEIVED

OCT 04 1993

PERMIT SECTION
EPA, REGION V

A.T. KEARNEY CONTRACTOR ASSISTANCE REQUEST FORM

To: Amy Williams, Kearney Team Work Assignment Manager

From: Sharon Kiddon, EPA Work Assignment Manager

Name of Project: IL name changes Project No. —

Project Contact: Sharon Kiddon Phone: 6-6173

IMS Section Chief concurrence JEP Date: 10/12/93

Priority: Low — Medium X High —

Target Completion Date: Before next merge.

Instructions:

Please change names as indicated.

Supporting Document Attachments? No — Yes ✓ If yes, list documents: IEPA 9/30/93 letter.

(The following to be completed by Amy Williams)

Assignee:

Date Assigned:

Actual Completion Date:

Comments:

cc: Requestor
File

RCRA INSPECTION REPORT

TYPE OF FACILITY

TYPE OF INSPECTION

NON-REGULATED STATUS

PART A N/A

PART B PERMIT APPLICATION N/A

ENFORCEMENT N/A

ORDERS ISSUED N/A

TSD FACILITY ACTIVITY SUMMARY

~~RECEIVED~~

08 JUL 1953

IEPA/DLPC

FACILITY NOTIFICATION
(8700-12)
AMENDMENT OR WITHDRAWAL REQUEST FORM

Complete and Return to:

Illinois Environmental Protection Agency
Attn: Brian Newquist
Division of Land Pollution Control #24
Compliance Monitoring Section
2200 Churchill Road
Springfield, IL 62706

Date: 04/23/93

Facility Name: Standard Rewashed Wipers Co
(As it appears on the Federal Printout or on the Acknowledgement Letter)

Federal ID Number: IL 056640600

State ID Number: 0316005896

Location of Facility: 3124 S. Shields
(Street Address)

Chicago 60616 Cook
(City) (Zip Code) County

Contact Person & Phone #: George Bonomo (312) 225-2777
(Name and Title) (Phone Number)
President

FOR IEPA USE ONLY

According to our records, a representative of your facility previously notified the USEPA/IEPA of the following hazardous waste activity(s).

Generator X Treatment/Storage/Disposal _____ Transporter _____
(No Part A Submitted)

This notification indicated the following hazardous waste was being handled.

Ignitable - D001

(List the 4 digit EPA Hazardous Waste Number as indicated on the 8700-12)

4/23/93 Rich Reich 4/23/93
Date of Inspection Inspector Date

However, ~~the~~ current status of this facility is:

- ☒ 1. ~~Non~~-handler.
- ☐ 2. ~~Small~~ Quantity Generator (100 - 1000 kg per month).
- ☐ 3. ~~The~~ facility could not be located.
- ☐ 4. ~~RCRA~~ exempt hazardous waste handler (other than recycler).
- ☐ 5. ~~RCRA~~ exempt recycler.
- ☐ 6. ~~Notified~~ as TSD (No Part A); regulated as Generator.
- ☐ 7. ~~Non~~-handler (retaining ID # for possible future use or needs
~~ID~~ # to have waste accepted by transporter).
- ☐ 8. ~~Generator~~ of less than 100 kg per month.
- ☐ 9. ~~Non~~-TSD facility (Closed Gen./Trans.).

Comments: Sold industrial laundry business
in 1955, no longer generates
was - water sludge

(Describe ~~reason(s)~~ for claiming non-regulated status, exemption being claimed, ~~quantities~~, names and disposition of waste, etc.)

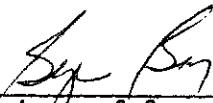
Include ~~copies~~ of any supportive documents (i.e., waste analysis, notifications, ~~manifest~~ manifest copies).

Therefore, ~~please~~ (circle one) withdraw or amend the status of the notification ~~form(s)~~ to reflect the current status above.

Should you ~~have~~ any questions, please contact Rich Reich
LPC at 708-531-5900.
(Name and Title) (Telephone Number)

I am also ~~aware~~ that, should our facility handle hazardous waste in the future, our ~~facility~~ facility would be required to comply with the applicable notifications and permitting requirements.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



(Signature of Owner/Operator or Authorized Representative - Date) 4-24-93

BB:tk:3/1/40(8/5/86)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•ILD056640600

INSTALLATION ADDRESS

STANDARD REWASHED WIPERS CO
3124 S SHIELDS
CHICAGO IL 60616
3124 S SHIELDS
CHICAGO IL 60616

m 2

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

NOT ON P.O.

RECEIVED
PLEASE PLACE LABEL IN THIS SPACE

MAR 05 1984

WASTE MANAGEMENT BRANCH
EPA, REGION V

27 MAR 1984

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F. I.D. NO. 56640600

T/A C

A

8/40/305

I. NAME OF INSTALLATION

STANDARD REWASHED WIPERS CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3124 S SHIELDS

CITY OR TOWN

CHICAGO

ST.

ZIP CODE

IL 60616

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

3124 S SHIELDS

CITY OR TOWN

CHICAGO

ST.

ZIP CODE

IL 60616

COOK
031

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

BONOMO GEORGE PRESIDENT

PHONE NO. (area code & no.)

312-225-2777

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

STANDARD REWASHED WIPERS CO.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W															
1	2												13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
<i>George Brown</i>	PRESIDENT	3-2-84

D. - FOR OFFICIAL USE ONLY													
S	W	1	2	3	4	5	6	7	8	9	10	T/A	C

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SIGNATURE 	NAME & OFFICIAL TITLE (type or print) PRESIDENT	DATE SIGNED 3-2-84
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